

TRANSCRIPT ORDER

1. NAME <b>Jonathan Claydon</b>		2. PHONE NUMBER <b>312-456-1022</b>		3. DATE <b>8/23/18</b>	
4. FIRM NAME <b>Greenberg Traurig</b>					
5. MAILING ADDRESS <b>77 W. Wacker Drive, Suite 3100</b>			6. CITY <b>Chicago</b>		7. STATE <b>IL</b>
			8. ZIP CODE <b>60601</b>		
9. CASE NUMBER <b>2:17-cv-02575-JAT</b>		10. JUDGE <b>James Teilborg</b>		DATES OF PROCEEDINGS	
				11. <b>8/8/18</b>	
				12.	
13. CASE NAME <b>IceMOS Technology v. Omron Corp.</b>		LOCATION OF PROCEEDINGS			
		14. <b>Phoenix</b>			
		15. STATE <b>AZ</b>			
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input checked="" type="checkbox"/> OTHER (Specify)	

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

18. ORDER Transcript of Scheduling Conference Held 8/8/18 (Court Reporter Christine M. Coaly) (See Dkt. No. 39)

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)	
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).

19. SIGNATURE /s/ Jonathan Claydon

20. DATE 8/23/18

E-MAIL ADDRESS  
claydonj@gtlaw.com; ickesp@gtlaw.com

**NOTE: IF ORDERING MORE THAN ONE FORMAT,  
THERE WILL BE AN ADDITIONAL CHARGE.**

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	
TRANSCRIPT RECEIVED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	